



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dlp.vermont.gov>

Voice/TTY (802)-871-3317

To Report Adult Abuse: 800-564-1612

Fax (802)-871-3318

July 21, 2014

Ms. Morgan Bovat, Administrator  
Brownway Residence  
328 School Street  
Enosburg Falls, VT 05450-5500

Dear Ms. Bovat:

The Division of Licensing and Protection completed the complaint investigation at your facility on **April 9, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that requires a commitment to correct but does not require that you submit a written plan of correction.

Please sign, date and indicate your title on the bottom of the deficiency statement and return this report no later than **August 3, 2014**.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/09/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROWNWAY RESIDENCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>328 SCHOOL STREET ENOSBURG FALLS, VT 05450</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site investigation was conducted on 4/9/14 by the Division of Licensing and Protection to investigate 6 entity self reports. The following regulatory violation was identified.	R100			
R179 SS=A	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through	R179			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

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R179	Continued From page 1  staff interview the facility failed to assure that all staff members who provided care to residents had received 12 hours of training on a yearly basis to include policies and procedures regarding mandatory reports of abuse, neglect and exploitation. Findings include:  Per record review and despite the fact that there had been unfounded allegations of resident mistreatment made against Caregiver #1 on two separate occasions in October of 2013, the caregiver had not completed the training regarding policies and procedures for reporting Abuse, Neglect & Exploitation since May 2012. This was confirmed by the Executive Director during interview, at 3:35 PM on 4/9/14.	R179			